FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	FORM 1 ORGANIZATION (See instructions)				Office use only									
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exa over	mple: If typyi the lines	ng, type		2FE	4M5						
Penguin PAC									<u> </u>	1 1	ш	டட		Ш
					111						ш	ш	ш	Ы
ADDRESS (number and	street) 550 E	. Walnut Street			111			ı		1 1	ш	ш		Ш
X (Check if addr is changed)		mbus					он Р	1		432 <sup>-</sup>	15 <sub> </sub> –	LL		Ш Ш
			CITY			S	TATE.	•		ZII	COD	E 📥		
COMMITTEE'S E-MA mctiguelaw@r														
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COMMITTEE'S WEB	PAGE ADDRESS (U	RL)												
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2. DATE 0 9	4 / D D / Y													
3. FEC IDENTIFICA	ATION NUMBER	C	Coc	417584	• • •									
4. IS THIS STATEM	MENT X NEW	(N) OR		AMEN	DED (A)									
I certify that I have exami		to the best of my know	vledge ar	d belief it is t	rue, correct	and co	omplete	)						
Signature of Treasurer	Electronically Filed	d by <b>Allen Ryan</b>	1			Da	te	<b>0</b> 9	/	1 8	<b>'</b>	, Y 2	<b>0</b> 0	<b>7</b>
NOTE: Submission of fa		plete information may								f 2 U.S.	C. S43	7g.		
Office Use Only				For further Federal Elec Toll Free 80	ction Comm 0-424-9530	nission	act:		I	FEC (Revis	FOF		1	

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5.	TYPE OF COMMIT	TEE (Check One)				
	(a) This	s committee is a principal campaign committee. (Complete the candidate information below.)				
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the car information below.)						
	Name of Candidate					
	Candidate Party Affiliation	Office Sought: House Senate President	State District			
	(c) This	committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate					
	(d) This	(National, State committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
	(e) This	committee is a separate segregated fund				
		committee supports/opposes more than one Federal candidate, and is NOT a separate segregated mittee.	I fund or party			
6.	Name of Any Con	nected Organization or Affiliated Committee				
L						
	Mailing Address					
		CITY▲ STATE ▲	ZIP CODE			
	Relationship					
	Type of Connected	Organization:				
	Corporation	Corporation w/o Capital Stock Labor Organiz	zation			
	Membersh	nip Organization Trade Association Cooperative				

	03)		Page 3				
Write or Type Committee Name							
Penguin PAC							
Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name Donald J. I	McTigue						
Mailing Address	550 E. Walnut Street						
	Columbus	ОН	43215 _				
Title or Position ♥	CITY A	STATE	ZIP CODE A				
Counsel		Telephone number 614	263 7000				
Full Name of Treasurer  Mailing Address  Allen Ryan	1665 Roosevelt Ave						
_	Niles	ОН	44446_ –				
Title or Position ♥	Niles	OHSTATE▲	44446				
Title or Position ▼  Treasurer							
·		STATE <b>≜</b>	ZIP CODE A				
Treasurer  Full Name of Designated		STATE <b>≜</b>	ZIP CODE A				
Treasurer  Full Name of Designated Agent		STATE <b>≜</b>	ZIP CODE A				

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9.	Banks or Other Deposafety deposit boxes of Name of Bank, Depos	or maintains funds.	
	Mailing Address	National City Bank  2 South Main Street	<u></u>
		Niles	
		CITY A STATE A ZIP CODE A	